

**STUDENT RESEARCH PARTICIPATION
DIVISION OF EDUCATIONAL PROGRAMS
ARGONNE NATIONAL LABORATORY
ARGONNE, ILLINOIS 60439-4845**

Evaluation Form

Students must fill out the top of this form with their signature and date. Forward the form to two professors.

STUDENT: _____

INSTITUTION: _____

I authorize investigation of all matters contained in my application and also authorize any of my references and employers to furnish information required by Argonne National Laboratory and I hereby release all such persons and organizations from any claim for damages by reason of furnishing such information or records.

Student Signature

Date

EVALUATOR: _____

DEPARTMENT & POSITION: _____

<u>ACADEMIC ABILITY:</u>	outstanding	upper 10%	upper 25%	average	below average
Analytical & Mathematical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experimental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- INITIATIVE:** ☐ Self-starter nearly all the time.
☐ Frequently is a self-starter; needs occasional stimulation.
☐ Occasionally is a self-starter; needs frequent stimulation.

ORAL COMMUNICATION WITH TEACHERS AND/OR SUPERVISORS:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Average |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Below Average |

QUALITY OF WRITTEN REPORTS:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Average |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Below Average |

Please attach additional comments on the student's potential for doing productive research and/or any traits that might have an important influence on the student's experience at Argonne.

Evaluator Signature

Date

